

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10-018,936

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4	1					
5	1	1				
6	1					
7		1				
8		12				
9		21				
10		10				
11	1					
12		1				
13		1				
14		21				
15		10				
16		10				
17		10				
18	1					
19		1				
20	1	1				
21	1					
22		1				
23		1				
24		21				
25		10				
26	1					
27		1				
28		12				
29		10				
30		10				
31		10				
32		10				
33		10				
34		10				
35	1					
36		1				
37	1					
38	1					
39		21				
40	1					
41	1					
42		21				
43		10				
44		1				
45	1	1				
46		1				
47		1				
48		1				
49						
50						
TOTAL IND.	13					
TOTAL DEP.		35				
TOTAL CLAIMS	48					

	* IND. * DEP.		* IND. * DEP.		* IND. * DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.						
TOTAL CLAIMS						